

September 23, 2003

Re: MDR # M2-03-1632-01  
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_\_ for an independent review. \_\_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Chiropractic Medicine.

**Clinical History:**

The patient is a 32-year-old male who sustained a work-related injury on \_\_\_\_\_. The claimant is currently some eight months post initial injury, and his treating doctor feels the authorization of an aRS4i sequential stimulator channel combination interferential and muscle stimulator unit will assist the patient with pain modulation from his \_\_\_\_ injury.

The reviewed documentation shows consistent use of the unit from 03/13/03 through 03/27/03 and sporadic use of the unit beyond 03/27/03.

**Disputed Services:**

Proposed purchase of an RS4i sequential stimulator 4-channel combination interferential & muscle stimulator unit.

**Decision:**

The reviewer agrees with the determination of the insurance carrier. The proposed unit is not medically necessary in this case.

**Rationale:**

The medical records provided for review purposes do not depict, to a sufficient degree, the need of this unit for the daily management of pain by this patient. Further, there is no medical record submitted which reflects the need to distribute this prescribed durable medical equipment to this patient. It is not clear from the forwarded documentation where/how the application of the RS4i sequential stimulator channel combination interferential and muscle stimulator unit will assist this patient in performing rehabilitation applications and/or in pain modulation. It is vital that complete medical records be prepared and submitted for review purposes. Based upon the documentation received for this review, sufficient medical evidence does not exist to warrant the application of the RS4i sequential

stimulator channel combination interferential and muscle stimulator in the treatment of this patient's medical condition.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer-reviewed references:

- *Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice.* Washington State Chiropractic Association; 201, 54 p.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_\_ is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on September 23, 2003.

Sincerely,